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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. _____	
1. PLACE OF DEATH				COUNTY <u>Yuma</u> STATE <u>ARIZONA</u>		REGISTERED NO. <u>8</u>	
TOWNSHIP <u>Yuma</u> NO. _____				OR VILLAGE _____		WARD _____	
CITY _____				(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)			
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>50</u> YRS. _____ MOS. _____ DS. _____				HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS. _____			
2. FULL NAME <u>Abelardo Aguirre</u>				ST. _____ WARD _____			
(A) RESIDENCE: NO. <u>Yuma Arizona</u>				(USUAL PLACE OF ABODE)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>male</u>		4. COLOR OR RACE <u>Mexican</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sept 4 1863</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>72 4 7</u>							
7. AGE <u>72</u> YEARS		<u>4</u> MONTHS		<u>7</u> DAYS		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>laborer</u>							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>for 40 years</u>					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>California</u>							
13. NAME <u>Abelardo Aguirre</u>							
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>							
15. MAIDEN NAME <u>Virginia Rivera</u>							
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>							
17. INFORMANT (ADDRESS) <u>Clara Sanchez Box 854 Yuma Arizona</u>							
18. BURIAL PLACE <u>Yuma Cemetery</u> DATE <u>1/13/36</u>							
19. EMBALMER (LICENSE NO. <u>19A</u> ) SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR <u>The Johnson Mortuary Yuma Arizona</u> ADDRESS _____							
20. FILED <u>Jan. 12 1936</u> REGISTRAR <u>[Signature]</u>							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>January 11 1936</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>12:30 a.</u>			
I LAST SAW HIM ALIVE ON <u>Sept 1935</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____				DATE OF ONSET <u>1934</u>			
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Carcinoma of the prostate</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____							
NAME OF OPERATION _____ DATE OF _____							
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE _____ DATE OF INJURY _____							
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____							
MANNER OF INJURY _____							
NATURE OF INJURY _____							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____							
IF SO, SPECIFY _____ (SIGNED) <u>[Signature]</u> M. D. <u>[Signature]</u>							
(ADDRESS) <u>Yuma Ariz</u>							
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION							